



MeritCare
 providers.meritcare.com

Link

Inter

FALL 2007
 VOLUME 6, NO. 4

Inside this Issue

- Heart attack survival
- Help your patients become smoke-free
- Pediatric oncology-hematology expands
- Your role in emergency preparedness
- A step-by-step approach to managing lung nodules
- MeritCare Laboratory offers region-wide services
- MeritCare Spine Rehab adds two new LIFEBACK programs
- Treating yourself or family members: Is it appropriate?
- Welcome new providers
- Northwest Minnesota hospital joins MeritCare



Matthew Friederichs, M.D.
 Orthopaedic surgery

Athletes, working people, retirees — people of all ages suffer from rotator cuff injuries, resulting in limited movement, significant pain and decreased quality of life. Matthew Friederichs, M.D., board-certified orthopaedic surgeon with fellowship training in arthroscopic/sports medicine, addresses these injuries arthroscopically.

“Often this procedure is done with combined arthroscopy, but I use an entirely arthroscopic approach. With today’s excellent visualization, better-designed instrumentation and improved implants, we’re able to perform the complete procedure through three or four half-centimeter incisions,” says Dr. Friederichs, who joined MeritCare in 2003 and has consistently performed the procedure for four years. “We’re seeing very good results.”

Performed as an outpatient procedure, arthroscopic rotator cuff repair has become increasingly popular in recent years. “People really appreciate the minimally invasive approach because it typically means significantly less post-operative pain and a quicker return to range of motion and strength,” says Dr. Friederichs. “Long-term, it appears the results are equal to the open approach — and based on observation, better in terms of range of motion and strength.”

Arthroscopic rotator cuff repair: HIGHLY SUCCESSFUL, INCREASINGLY POPULAR

In a single day, Dr. Friederichs performs as many as four arthroscopic rotator cuff repairs, bringing his total procedures to more than 150 a year. “Experience is a key factor in achieving a good surgical outcome,” he says. “And for maximum recovery after surgery, physical therapy is of utmost importance.” After surgery, patients typically undergo three months of physical therapy — six weeks focused on range of motion followed by a six-week strengthening program.

“With today’s excellent visualization, better-designed instrumentation and improved implants, we’re able to perform the complete procedure through three or four half-centimeter incisions.”

Dr. Friederichs

If your patient could benefit from arthroscopic rotator cuff repair, Dr. Friederichs recommends a sooner-rather-than-later approach. “There’s no question the sooner the patient addresses this, the better the outcome,” he says. “A newer injury is technically easier to repair and the tissues are in better health. Anyone with a rotator cuff tear from small to very large can be a candidate for this procedure — and get good results.”

In addition to specializing in arthroscopic rotator cuff repair, Dr. Friederichs also performs arthroscopic shoulder stabilization. To learn more or to schedule a consultation for your patient, call MeritCare Orthopaedics at (701) 234-8770 or (800) 437-4010.

Heart attack survival: FROM DOOR TO BALLOON IN 90 MINUTES OR LESS



Thomas Haldis, D.O.
Cardiology

No matter where in the region you practice, you have patients who suffer major heart attacks. How long before your patient gets optimal treatment? "It's an important question because time is muscle," says Thomas Haldis, D.O., board-certified cardiologist at MeritCare Heart Center. "We want every patient with an ST-elevation myocardial infarction (STEMI) to get that occluded artery open in 90 minutes or less. That's the current American College of Cardiology (ACC) standard and that's our goal."

"We want every patient with an ST-elevation myocardial infarction (STEMI) to get that occluded artery open in 90 minutes or less."

Dr. Haldis

National studies indicate hospitals across the country fall far short of the 90-minute goal. Based on a National Registry of Myocardial Infarction analysis, the goal was met just 29 percent of the time in the United States. To address this issue, the ACC last year announced a door-to-balloon initiative, asking hospitals with cath labs to develop strategies to shorten the time from heart attack presentation to balloon angioplasty. The goal: a door-to-balloon time of 90 minutes or less in 75 percent of cases.

Better care through prompt action

MeritCare enrolled in the door-to-balloon initiative in July 2007, and today is one of hundreds of hospitals across the country striving to shorten door-to-balloon times. Dr. Haldis, who joined MeritCare in 2005, serves as principal investigator, bringing extensive expertise to the task. Previously at while at Geisinger Medical Center in Danville, Pa., he and colleagues studied the issue of timely access to percutaneous coronary intervention for patients in

rural areas. His co-authored article appears in the Sept. 15, 2007, issue of the American Journal of Cardiology.

For MeritCare, participation in the door-to-balloon initiative includes multiple phases, with the first phase focused on in-house presentation. "By implementing various strategies, including rapid triage for an emergent electrocardiogram, activation of a 'Level I Heart Code' protocol and a single-page calling system, we can now get the patient from the MeritCare Emergency Center to the cath lab in just 20 minutes. Upon arrival in the cath lab, the emergency angioplasty team is waiting and ready to go," says Dr. Haldis. "It has been gratifying to see the participation and commitment of so many professionals working together to make this happen. We want this process to go well every single time, and if it doesn't, we take the time to figure out why. We have an excellent tracking system that allows us to analyze each case."

A regional goal

Dr. Haldis expects the next phase will involve referral hospitals in the region, including the use of thrombolytic therapy and transfer issues. "Today, we can meet or surpass the 90-minute door-to-balloon time goal 90 percent of the time when the patient presents at the Emergency Center in Fargo, but what about when patients arrive at the door of the hospital in Thief River Falls? Bemidji? Jamestown?" says Dr. Haldis. "No matter where patients present with a heart attack, we want to meet the goal set by the ACC: an open artery in 90 minutes or less."

One more important phase is community education. "We encourage you to talk to your patients. It's important they know that if they're having chest discomfort, they shouldn't wait at home. They need to seek medical help immediately," says Dr. Haldis. "The sooner they do, the better their chances for a good outcome. It's worth repeating: Time is muscle." For more information or to consult a cardiologist, call (877) HRT-CNTR.

When patients present with chest pain

When a patient presents with chest pain lasting more than 10 minutes, you must act quickly to achieve the best possible outcome. Important steps include:

- Perform an immediate electrocardiogram and promptly read it; elevated ST segments indicate acute myocardial infarction. “Delays in diagnosing a heart attack can be very costly to the patient,” says Thomas Haldis, D.O., MeritCare board-certified cardiologist.
- For patients with ST-elevation myocardial infarction (STEMI), the goal is to open the occluded artery in 90 minutes or less. “In recent years, emergency angioplasty has been proven to be more effective than thrombolytics, but it must be completed within the recommended timeframe,” says Dr. Haldis.
- Patients with STEMI who cannot receive emergency angioplasty within 90 minutes do best if given thrombolytic therapy in the local emergency room. This therapy includes aspirin, heparin, beta blockers and thrombolytic drugs.

After giving thrombolytic therapy, call MeritCare Emergency Center at (701) 234-5121 to transfer the patient immediately. “A transfer to MeritCare in Fargo is appropriate because in approximately 20-30 percent of patients, thrombolytic therapy fails to open the occluded artery. If the patient fails thrombolysis, we want them to fail here where we can promptly open the artery with angioplasty and stenting,” says Dr. Haldis.

Help your patients become smoke-free

With more and more smoking bans in place, the impetus to quit has never been stronger. Now is the opportune time to urge your patients to stop smoking. And with today’s improved tools and better insurance coverage, success rates are higher than ever.

Step one: Talk to your patients

“Research has shown it clearly makes a difference when physicians take the time to talk with their patients about the importance of quitting smoking and the benefits it will offer,” says Jay Taylor, registered respiratory therapist and certified tobacco treatment specialist who leads MeritCare’s Tobacco Dependence Program. “We have found that an informative, nonjudgmental approach works best.”

Step two: Connect patients with tools that work

Many physicians now prescribe Chantix™ to patients, recognizing that it’s one of the best new tools available to help patients stop smoking. “The cost of Chantix, which is now being covered by many insurance companies, is about the same as a pack of cigarettes a day,” says Taylor. “It’s a bargain, especially when you consider that some physicians report that 100 percent of their patients who have used Chantix have quit smoking.” Chantix works by preventing nicotine from attaching to receptors of brain cells, noticeably diminishing the feel-good effects of smoking.

While physicians can prescribe Chantix alone, many prescribe it along with education at the Tobacco Dependence Program. The program, now covered by many insurance plans, takes an individualized approach, focusing on motivation, education and medicine, including correctly dosed nicotine replacement. “We’ve seen excellent results with this combined approach,” says Taylor.

For more information about Chantix or to refer a patient to the Tobacco Dependence Program, call (701) 234-6460 or (800) 437-4010.

“Research has shown it clearly makes a difference when physicians take the time to talk with their patients about the importance of quitting smoking and the benefits it will offer.”

Jay Taylor, RT

Pediatric oncology-hematology expands



*Nathan Kobrinsky, M.D.
Pediatric oncology
and hematology*

From diagnosis to treatment to follow-up, children and teens with cancer and blood diseases need specialized care. MeritCare now offers the services of two board-certified pediatric oncologists-hematologists: Nathan Kobrinsky, M.D., on staff since 1991, and Sandeep Batra, M.D., who joined MeritCare in August 2007.

“Whether outpatient or inpatient, the care we provide puts children and their unique needs first.”

Dr. Kobrinsky

Together with the entire pediatric oncology-hematology team, Drs. Kobrinsky and Batra offer comprehensive, quality care at MeritCare Roger Maris Cancer Center and MeritCare Children’s Hospital. “Whether outpatient or inpatient, the care we provide puts children and their unique needs first,” says Dr. Kobrinsky. “We also emphasize state-of-the-art treatment, made possible through our long-time participation in national cancer research groups.”

Meeting needs through specialized programs

- Providing expert care for childhood cancer, the Cancer Center’s Pediatric Oncology Program has been a member of the Children’s Oncology Group (formerly Children’s Cancer Group) for more than 20 years, including leadership roles in brain tumor, acute myelogenous leukemia and Hodgkin’s disease study committees. In 2006, 26 children with newly diagnosed malignancies were registered with the Children’s Oncology Group; eight have been enrolled in phase III clinical trials.
- The Cancer Center’s Pediatric Hematology Program specializes in diagnosing and treating children with several types of disorders, including various types of anemia, congenital neutropenia, pure red cell aplasia, immune thrombocytopenic purpura, hemoglobinopathies (including sickle cell disease) and porphyria. Children who require stem cell transplantation are referred to the University of Minnesota or Mayo Clinic.
- Two more important programs include the North Dakota Hemophilia Treatment Center and the Thrombophilia Program, both located at the Cancer Center. Services include initial evaluations, education, periodic assessments, treatment plans and support such that children as well as adults with bleeding disorders can lead full, healthy lives.

To learn more or make a referral, call (701) 234-7543 or (800) 511-6161.

MeritCare welcomes Dr. Sandeep Batra



*Sandeep Batra, M.D.
Pediatric oncology
and hematology*

MeritCare is pleased to welcome Sandeep Batra, M.D., pediatric oncologist-hematologist. Dr. Batra specializes in diagnosing and treating children and teens with cancer and blood diseases, such as leukemia, lymphoma, tumors, bleeding disorders and diseases of blood cells. Prior to joining MeritCare, Dr. Batra practiced at Children’s Memorial Hospital in Chicago and the Regional Cancer Center, Avera St. Luke’s Hospital, Aberdeen, S.D.

Medical College, Delhi University, New Delhi, India

- Residency in pediatrics at the State University of New York, Stony Brook
- Fellowship in pediatric oncology at the Children’s Hospital of Los Angeles

A team approach

“I appreciate and support MeritCare’s team approach in providing exceptional cancer care to children,” says Dr. Batra. “I’m also impressed with the state-of-the-art technology, the advanced techniques and the child-friendly atmosphere available here, particularly when hospitalization is needed. MeritCare Children’s Hospital offers a uniquely designed, family-focused environment that fosters healing.”

To consult Dr. Batra, call (701) 234-7543 or (800) 511-6161.



*by Bruce Pitts, M.D.
Executive Vice President of Clinical Services
MeritCare Health System*

YOUR ROLE IN EMERGENCY PREPAREDNESS

Tornadoes, flash flooding, a collapsed interstate bridge. As we have seen in our own region, disasters can happen anywhere, anytime. If a disaster struck your community, as a health care provider would you be prepared? This past year, MeritCare, along with state, regional and community partners, took significant steps in emergency preparedness. Early in this collaborative effort, we learned the importance of asking questions. The following are questions for you to consider as you move forward in your own emergency preparedness planning.

What are your patients' needs?

How would your patients, particularly those with chronic health conditions, fare in the event of a several-day disruption of services? Would they have the medications, medical supplies and medical equipment needed to survive? In discussions about emergency preparedness, your expertise in your particular specialty area can ensure that the needs of these patients receive due consideration.

For all your adult patients, you might consider including the topic of emergency preparedness in office visits, much like you address other health and safety issues such as seat belt use, smoking cessation and exercise. In this part of the country, where we regularly experience blizzards and ice storms, the topic of emergency

preparedness is not far-fetched. A winter survival kit in every vehicle and a disaster supply kit in every home can minimize the negative impact of a disaster.

What are your community's needs?

Many communities and counties throughout the region have held emergency preparedness meetings and are now at various stages of developing plans. I urge you to get involved to ensure that the medical aspect of disaster planning is addressed. It's important to ask questions in advance regarding how your community would handle mass casualties or an infectious disease outbreak. What would each agency's role be? What would your role be? How would patients be triaged? What resources could be shared? Who could be called on for additional help? Talking about these basic steps ahead of time can only help.

At MeritCare, we continue to offer "Get Ready" briefings to employees throughout the region. If you are a MeritCare physician or health care provider, you can view the presentation online at your convenience in the Learning Zone. If you are not affiliated with MeritCare but would like an emergency preparedness presentation at your clinic or hospital, contact Mary Jagim, R.N., consultant for pandemic and emergency preparedness at MeritCare at (701) 234-4893 or (800) 437-4010.

Board-certified in internal medicine, Dr. Pitts joined MeritCare in 1982.

A step-by-step approach to managing lung nodules



*Patrick Stoy, M.D.
Pulmonology*

An X-ray image reveals a lung nodule. Whether expected or unexpected, the finding prompts important questions: What next? What needs to be done to investigate? MeritCare's new Lung Nodule Algorithm streamlines the process, taking into account risk factors, symptoms and medical history.

interventional radiology, surgery, pulmonology and oncology. "In using this algorithm, the primary care physician follows the same set of steps a specialist would follow in determining biopsy need," says Dr. Stoy. Even when a biopsy proves malignant, the step-by-step approach continues.

Benefits in using the Lung Nodule Algorithm are many, including:

- Evaluation of a nodule reaches its logical limit, reducing expensive and often time-consuming tests that are not warranted.
- Patients appreciate when a trip to a specialist can be saved. By following the algorithm, primary care physicians have the tool to determine whether a biopsy is needed. Typically specialty care enters the picture when a tissue diagnosis is needed.
- Patients can rest assured that their primary care physician is following an organized approach in evaluating the nodule.

"A key factor in the successful use of the Lung Nodule Algorithm is a good understanding about how it works," says Dr. Stoy. "If physicians have questions at any point along the way, we certainly want to hear from them. We want to make the implementation and use of this algorithm proceed as smoothly as possible, knowing it will clearly benefit patients, families and the entire care team."

To learn more about MeritCare's algorithm and managing lung nodules call (701) 234-2440 or (800) 437-4010. Also watch your mailbox or visit cancer.meritcare.com for the 2007 Roger Maris Cancer Center annual report, which offers an in-depth look at lung cancer.

"With the Lung Nodule Algorithm, physicians in primary care and all medical settings can follow a carefully designed 'roadmap,' including specific, evidence-based steps that set the stage for the appropriate management of lung nodules."

Dr. Stoy

"In many cases, nothing further will need to be done, but this conclusion must be arrived at rationally, not through a hunch," says Patrick Stoy, M.D., board-certified pulmonologist at MeritCare. "With the Lung Nodule Algorithm, physicians in primary care and all medical settings can follow a carefully designed 'roadmap,' including specific, evidence-based steps that set the stage for the appropriate management of lung nodules." MeritCare's algorithm* encompasses current knowledge and best-treatment practices from various disciplines including



*Stephanie Hatten, R.N.
Lung nurse case manager*

One look at the Lung Nodule Algorithm and you realize that the investigation of lung nodules, whether benign or malignant, can take many directions and involve many steps. To better coordinate this potentially complex process, making it as smooth and efficient as possible for patients and physicians, MeritCare now offers lung cancer case management.

Stephanie Hatten, R.N., lung nurse case manager, joined MeritCare Roger Maris Cancer Center in November 2006. She also works closely with MeritCare Pulmonology and other departments involved with lung nodules. In her day-to-day work, she guides and assists patients at various points along the spectrum of diagnosing and staging lung cancer, including:

- Coordinating appointments, especially for out-of-town patients
- Navigating the health system

continued on next page

continued from page 6


- Educating patient and family about the diagnosis/treatment of lung cancer
- Answering questions
- Addressing needs ranging from transportation to counseling

In addition to supporting patients with suspected or known lung cancer, Hatten partners with primary care physicians to enroll patients in a lung nodule monitoring program. This recently implemented program provides education and follow-up tracking services for patients with small lung nodules found on computed tomography (CT). The ultimate goal is to increase the detection of lung cancer at its earliest stages, when the outlook for treatment, survival and possible cure is most favorable.

If you have questions about lung cancer case management or if you have a patient who could benefit from lung nodule monitoring, call (701) 234-2440 or (800) 437-4010.

*In addition to the Lung Nodule Algorithm included in this issue of Interlink, an accompanying algorithm about Lung Cancer Diagnosis/Treatment is available in the 2007 MeritCare Cancer Committee Annual Report.

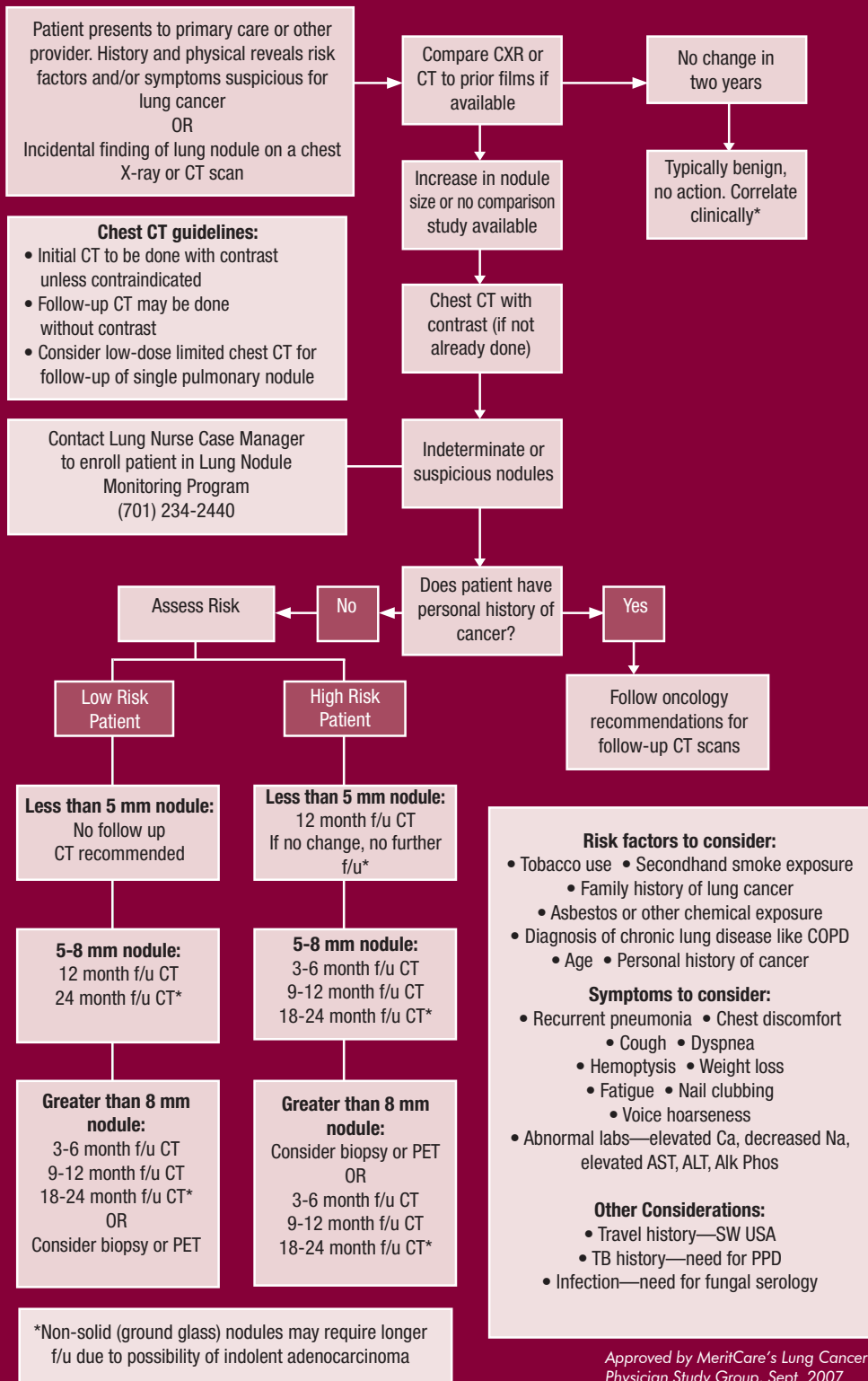
MeritCare Cancer Committee 2007 Annual Report



From lung cancer prevention to biopsy techniques, new treatment combinations to symptom palliation, streamlined assessment strategies to meeting psychosocial needs, this report covers a wide spectrum of articles dealing with lung cancer.

Watch your mailbox for a copy, or visit cancer.meritcare.com to read the report.

MeritCare Health System Lung Nodule Algorithm — Nodule Monitoring



Approved by MeritCare's Lung Cancer Physician Study Group, Sept. 2007.

MeritCare Laboratory offers region-wide services



*Timothy McManamon, Ph.D.
Clinical chemistry*

Your ability to provide excellent patient care involves access to high-quality, prompt laboratory testing. MeritCare Laboratory Outreach Services offers timely, comprehensive lab services to hospitals and clinics throughout the region.

Expertise and more

A 24/7 service with a pathologist always available, MeritCare Laboratory offers the full complement of tests, from commonly performed studies such as PSA to the more unusual, complex assays such as PCR genetic studies. In addition to analyzing more than 400 types of tests, MeritCare Laboratory offers:

- The expertise of 10 board-certified pathologists, including subspecialist expertise in hematopathology and dermatopathology as well as a clinical chemist and molecular specialist
- The latest in lab technology including flow cytometry and automated instrumentation
- An experienced team of qualified medical technologists, including many with 30-plus years' experience at MeritCare Laboratory.

Collaborating with Mayo

While the majority of tests are analyzed in-house at MeritCare Laboratory with results typically faxed back within two hours, the less common tests go to Mayo Medical Laboratories — a partnership that began in 1972. “Our collaboration with Mayo, a distinctive leader in the field of esoteric testing, strengthens our capabilities in providing exceptional lab services to the region we serve,” says Dr. McManamon.

To review MeritCare's complete catalog of tests, learn more about the convenient courier service offered throughout the region or discover the difference customer service can make, visit lab.meritcare.com or contact Sarah Lakoduk, marketing representative for MeritCare Laboratory Outreach Services, at (701) 234-2498 or (800) 437-4010.

“Turnaround time, consistent accuracy, customer service and ease in contacting a medical technologist or pathologist to discuss results — these are just a few of the features we as a ‘local’ lab service can offer.”

Dr. McManamon

“Turnaround time, consistent accuracy, customer service and ease in contacting a medical technologist or pathologist to discuss results — these are just a few of the features we as a ‘local’ lab service can offer to facilities anywhere within 250 miles of Fargo,” says Timothy McManamon, Ph.D., recently named clinical chemist/technical director of MeritCare Laboratory. Certified by the American Board of Clinical Chemistry and with 20-plus years of experience as a clinical chemist in a hospital-based laboratory outreach program, Dr. McManamon joined MeritCare in March 2007.

lab.meritcare.com

Spine Rehab adds two new LIFEBACK programs

NOW COVERED BY MEDICARE



William Klava, M.D.
Physical medicine
and Rehabilitation

For nearly a decade, the LIFEBACK programs at MeritCare Spine Rehab have delivered relief to people suffering from long-lasting low back pain. And now Spine Rehab offers two new programs: LIFEBACK Lumbar III, designed specifically for

Medicare patients, and LIFEBACK Cervical for people with chronic or recurrent neck pain.

- **Lumbar III:** Condensed, four-visit individualized program, appropriately paced for senior patients.
- **Cervical I:** Active, two-day comprehensive program in a cognitive environment
- **Cervical II:** Condensed, three-visit individualized version of the Cervical I Program for patients with a baseline knowledge of core strengthening and stabilization.

“Whether it involves the neck or the low back, chronic pain affects the whole person,” says Tim Beyer, MeritCare physical therapist with specialized LIFEBACK training. “What most impresses me about the LIFEBACK programs is we treat the whole person, including meaningful education, effective therapies and focused training. Patients appreciate this approach — and it’s reflected by our very high patient-satisfaction rate. For patients who want to get better, these programs work.”

Eligible patients include:

- Patients with low-back or neck pain lasting 12 or more weeks
- Patients who have completed one course of physical therapy or chiropractic care
- Patients who are post-operative or who wish to avoid surgery

An important note: Reimbursement for participation in LIFEBACK programs has significantly improved, with most insurance plans and Medicare now covering appropriate programs. To refer a patient or to learn more about any of the LIFEBACK programs available at MeritCare, call (701) 234-7887 or (800) 437-4010.

“These well-designed, results-oriented programs have helped people avoid surgery, eliminate or reduce their use of therapy services or medication, and most of all, improve their quality of life. This is evidence-based medicine at its best.”

Dr. Klava

“The LIFEBACK programs have an impressive track record at MeritCare,” says William Klava, M.D., who is board-certified in physical medicine and rehabilitation and serves as medical director and executive partner of MeritCare Rehabilitation. “These well-designed, results-oriented programs have helped people avoid surgery, eliminate or reduce their use of therapy services or medication, and most of all, improve their quality of life. This is evidence-based medicine at its best.”

Various levels for every need

LIFEBACK programs bring together three core components: education, exercise and unloading therapies. To meet varying needs, programs include:

- **Lumbar I:** Active, four-day comprehensive program in a cognitive environment.
- **Lumbar II:** Condensed, three-visit individualized version of the Lumbar I Program for patients with a baseline knowledge of core strengthening and stabilization.

Patients completing a LIFEBACK program leave the clinic with a personalized LIFEBACK home plan. In addition, all programs include two years of coaching and monitoring.

Evidence-based outcomes prove the difference

Outcomes from thousands of LIFEBACK patients, including many at MeritCare, have resulted in extensive outcomes data. “These evidence-based outcomes speak for themselves,” says William Klava, M.D., who is board-certified in physical medicine and rehabilitation and serves as medical director and executive partner of MeritCare Rehabilitation.

Outcomes have proven:

- 94 percent of LIFEBACK patients are satisfied with their recovery
- 93 percent stopped or reduced physical therapy visits

- 89 percent improved/maintained home activities
- 89 percent improved/maintained work activities
- 83 percent avoided surgery
- 73 percent stopped or reduced medication usage
- 45.4 percent of those previously not working due to their condition were able to return to work
- 43.4 percent of those working part-time were able to return to full-time status



*by Paul Richard
Executive Vice President of Administrative Services
& General Counsel
MeritCare Health System*

TREATING YOURSELF OR FAMILY MEMBERS: IS IT APPROPRIATE?

Occasionally the question arises: Is it appropriate for a physician to treat or provide medical services to a family member? A view from several perspectives...

The American Medical Association's stance

Issued in 1993, the American Medical Association's (AMA) "Opinions on Practice Matters" (E-8.19) states the following: "Physicians generally should not treat themselves or members of their immediate families." The opinion cites several reasons, including the possibility of compromised professional objectivity, then concludes with when it is appropriate: "In emergency settings or isolated settings where there is no qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members."

State-by-state guidelines

Clearly the AMA discourages the treatment of self or immediate family members except in

certain circumstances. This is an important point because both North Dakota and Minnesota law indicates that violating ethical standards is grounds for discipline. Generally speaking, both states refer to the AMA code of ethics. North Dakota goes a step beyond, adding the following restriction: It is grounds for discipline if a physician prescribes, sells, administers, distributes or gives any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to themselves, their spouse or their child.

Billing issues

Billing for services provided to self or immediate family members poses another issue. At MeritCare and many other health care organizations, these services cannot be billed because they will not be reimbursed by Medicare, Medicaid and other payers. MeritCare's billing compliance policy is based on these already-established restrictions.

Therefore, while the practice of physicians treating themselves and immediate family members is not absolutely prohibited, you should be aware that the AMA strongly discourages it; many organizations (including MeritCare) do not allow for billing of these services, nor can these services be provided free of charge; and if you're a physician in North Dakota you are restricted in the extent of treatment you can provide.

*Before joining MeritCare as general counsel in 1998,
Richard was in private practice in health care law for 18 years.*

Welcome new colleagues



*Adeel Ahmad, M.D.
Internal Medicine
MeritCare Valley City*



*Sandeep Batra, M.D.
Pediatric Oncology/Hematology
MeritCare Roger Maris Cancer
Center & MeritCare Children's Hospital*



*Cheryl Bauer-Olson, D.O.
Family Medicine
MeritCare Moorhead*



*Chandra Gottipati, M.D.
Family Medicine
MeritCare Thief River Falls
Northwest Clinic*



*Stefanie Hanisch, M.D.
Child and Adolescent Psychiatry
MeritCare Professional Building*



*Burton Haugen, M.D.
Family Medicine
MeritCare Walker*



*Timothy Nyarandi, M.D.
Family Medicine
MeritCare Wahpeton*



*Paul Revland, Ph.D.
Adult Psychology
MeritCare South University*



*Taysir Shash, M.D.
Neonatology
MeritCare Children's Hospital*



*Andrew J. Stasko, M.D.
Surgery
MeritCare Wahpeton*



*Mathew Stayman, M.D.
Family Medicine
MeritCare East Grand Forks
929 Central Clinic*



*Sonja Uselman, M.D.
Family Medicine
MeritCare New York Mills
& MeritCare Perham*



*Shelby Kary, N.P.
Family Medicine
MeritCare Island Park &
FastTrack by MeritCare*



*JoAnna Solhjem, N.P.
Family Medicine
FastTrack by MeritCare*



*Linda Helgeson, N.P.
Walk-In Clinic
MeritCare Bemidji North*



*Tiffany Swenson, P.A.
Family Medicine
MeritCare Mahanomen*

Learn more
about these and
other MeritCare
colleagues by visiting
doctor.meritcare.com.
To arrange a consult,
call (800) 437-4010.

Northwest Minnesota hospital joins MeritCare

Effective Nov. 1, Northwest Medical Center, a 25-bed critical access hospital in Thief River Falls, Minn., will join MeritCare Health System, becoming MeritCare Thief River Falls Northwest Medical Center. This follows action several months earlier in which Northwest Clinic (formerly Altru) in Thief River Falls became a MeritCare clinic.

“Northwest Medical Center joining MeritCare will set the stage for this regional medical center to provide even stronger patient care in northwestern Minnesota for many years to come.”

MeritCare Thief River Falls Northwest Medical Center also provides 10 inpatient beds and outpatient mental health services including a 15-bed adult group home and a 10-bed residential treatment center for emotionally disturbed children.

To learn more about MeritCare Thief River Falls Northwest Medical Center, contact Chris Harff, MeritCare Thief River Falls Northwest Medical Center CEO, at

(218) 683-4400 or Doug Vang, MeritCare senior executive of regional services, at (701) 234-6240 or (800) 437-4010.

“Northwest Medical Center joining MeritCare will set the stage for this regional medical center to provide even stronger patient care in northwestern Minnesota for many years to come.”

Doug Vang

“We’re excited to be part of the Thief River Falls community — an area new to us,” says Doug Vang, MeritCare senior executive of regional services.



CONNECT
research.meritcare.com

What is InterLink?

InterLink is a newsletter for physicians, advance practice nurses and physician assistants in eastern North Dakota and northwestern Minnesota. Our goal is to keep you informed about issues and services that impact your practice and to help facilitate communication and information-sharing between health care providers. InterLink is also online at providers.meritcare.com, along with up-to-date research and clinical trial information, educational opportunities and more. InterLink is published by MeritCare. Your feedback is welcome.

Contact MeritCare

at (701) 234-6931 or (800) 542-8763

Online
feedback@meritcare.com

Mail
PO Box MC
Fargo, ND 58122

MeritCare Health System
PO Box MC
Fargo, ND 58122-0400

NONPROFIT ORG
US POSTAGE
PAID
MERITCARE